

The recommendations should also emphasize non-animal-based sources of protein such as legumes and beans. Consumption of plant-based sources of protein may facilitate the displacement of other foods from the diet such as fatty meats.

In addition, the Advisory Committee should be explicit in its recommendations and any guidance pertaining to “lean” meats should be clarified so that it’s clear whether the term “lean” refers to the regulatory definition of lean (less than 10g total fat, 4.5g or less saturated fat, and less than 95mg of cholesterol) or simply the leanest cut of meat available.

The Advisory Committee should recommend the consumption of “extra lean” meats. Extra lean should be defined using the regulatory definition of seafood or game meat products that contain less than 5g total fat, less than 2g saturated fat, and less than 95mg cholesterol per RACC.

It is important that the policy document which follows the DGAC report translates recommendations to eat “lean” or “extra lean” servings of meat in a useful manner for consumers. For example, it is not clear that the discretionary calorie allowance is calculated based on the assumption that an individual is consuming “lean” meats or the most nutrient-dense forms of foods throughout the day. The recommendations should address the health and caloric benefits of eating “lean” or “extra lean” meats rather than full fat versions.

Fats

Saturated Fatty Acids

The current Guidelines recommend that individuals should consume less than 10% of calories from saturated fatty acids. Based on scientific evidence, 10% is too high for heart health. AHA urges the Committee to consider revising the current recommendation to less than 7% of energy from saturated fats.

Trans Fatty Acids

The current Guidelines recommend that *trans* fatty acid consumption be kept “as low as possible”. While AHA supports keeping *trans* fat consumption as low as possible, we are concerned that this recommendation is too vague. In order to help consumers incorporate this recommendation into their diet, we suggest revising the language to include a specific amount of *trans* fats that should not be exceeded. AHA recommends that *trans* fat consumption be as low as possible, but no more than 1% of energy; this equates to a maximum of 3 grams per day based on a 2,000 calorie diet.

Omega-3 Fatty Acids

As described above, scientific evidence supports recommending two servings per week of fish high in eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). Intake of these omega-3 fatty acids has been associated with a decreased risk of cardiovascular disease. We urge the Committee to make this recommendation.

In addition, AHA urges the Committee to make specific recommendations for consumption of 250 to 500mg of EPA and DHA per day. Two servings of fish per week would make an average intake of 250mg to 500mg of EPA and DHA per day.

Although we acknowledge that this goes beyond current dietary reference intakes established by the Institute of Medicine (IOM), it has been over six years since the IOM updated its reports examining these essential fatty acids. An updated report examining current science would be extremely useful in establishing recommended levels for omega-3 fatty acids, but available data already shows that consumption of food-based sources of EPA and DHA has a cardiovascular benefit. Therefore, the Committee should recommend weekly consumption of EPA and DHA, especially through consumption of oily fish. The recommendation would keep EPA and DHA combined, since scientific evidence on how the fatty acids function separately is lacking.

The Committee should also address alpha-linolenic acid (ALA). ALA serves as a precursor for synthesis of EPA and DHA so it is required by the body; however, the body cannot synthesize ALA, so a dietary source is required. The Guidelines should provide examples of major sources of ALA such as flaxseed, canola, and soybean oil.

Unsaturated Fatty Acids

The AHA is currently in the process of publishing a science advisory on omega-6 fatty acids and the risk for cardiovascular disease. We believe this paper may be of interest to the Committee. The paper will be available online after January 26th at <http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.108.191627>.

Fluid and Electrolytes

Sodium

The current Dietary Guidelines recommendation that individuals consume less than 2,300mg of sodium per day is too high. The amount should be changed to the amount recommended in the 2005 Guidelines for salt sensitive populations, or no more than 1,500mg of sodium per day. According to the Centers for Disease Control and Prevention, the special populations described above – individuals with hypertension, African-Americans, middle-age, and older adults – now account for 68% of the American population.¹ Because these specific population groups now constitute a majority of the total population, the 1,500mg should apply to all populations.

A reduced sodium intake can have significant health benefits. Studies have shown that a reduced sodium intake can lower blood pressure, prevent hypertension, can help control hypertension, and can prevent cardiovascular disease. And although sodium is an essential nutrient, there is no biologic requirement for 2,300mg a day. Very little sodium is needed. Under conditions of maximal adaptation and without sweating, the minimum amount of sodium required to replace losses is estimated to be no more than 180 mg per day. However, it is unlikely that a diet providing this level of sodium intake is sufficient to meet dietary requirements for other

¹ Darwin Labarthe, Division for Heart Disease and Stroke Prevention, Centers for Disease Control and Prevention. Presentation at the Institute of Medicine Committee on Strategies to Reduce Sodium Intake. January 13, 2009.